

STATE OF HAWAII  
REQUEST FOR  
CRISIS PURCHASE OF SERVICE  
PURSUANT TO §103F-406, HRS

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STATE PROCUREMENT OFFICE  
STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Health, Adult Mental Health Division, Hawaii State Hospital  
Department/Division/Branch or Office

Pursuant to Section 103F-406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

1. Request made:	<input type="checkbox"/> Before-the-Fact	<input checked="" type="checkbox"/> After-the-Fact
2. Title and description of health and human service(s):	Emergent (unanticipated) medical services for Hawaii State Hospital (HSH) patients	
3. Provider Name and Address:	Castle Medical Center 640 Ulukahiki Street Kailua, Hawaii 96734	
4. Total Contract Funds:	<del>\$440,000</del> \$125,000 approx. <i>cyw 1/2/12</i>	
5. Term of Contract:	Start: 11/25/10 End: 12/29/11	
Crisis purchases of service are limited to current needs only. Enter justification for length of contract: Service dates for unpaid inpatient medical services at Castle Medical Center		

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6. Describe the nature of the crisis condition (pursuant to section 3-147-201, HAR):

The HSH's physician on-call is responsible to provide the assessment that determines the degree of medical necessity that changes from routine/non-life threatening to emergent/life threatening. The types of emergencies can range from asthma-related to undetermined reasons for chest pain, numbness in the body, abdominal pain, etc. When the physician's assessment indicates that the patient's care escalates beyond a watch and wait situation and turns into a potential life threatening situation, 911 is called as this is the only option available to the HSH for emergency purposes. Per the Office of the Chief of State Emergency Medical Services (EMS), the "Oahu Transportation Guidelines for City & County EMS" dictates that when a 911 call is made the paramedics are required to take the patient to the nearest emergency medical facility. For the HSH, the nearest emergency medical facility is the Castle Medical Center (CMC).

The HSH has no control over when emergent medical care will be required by a patient, therefore usage will vary over time. While the HSH would normally have 1-3 cases per year where the patient taken to the emergency room was also required to be admitted into the hospital, for the period of November 2010 through December 29, 2011, there were 11 cases. Unfortunately, this increase in cases was not reported to the HSH Business Office, and was discovered upon their receipt of the CMC's invoice for services rendered.

For a service provided in November 2010, it was not unusual for the HSH Business Office to receive the first invoice up to 2 months after the service was delivered. The first invoice that is received is usually charged at hospital rack rates – meaning there were no adjustments made for patients on Medicare, etc. The HSH Business Office works with the CMC to process the adjustments. The revised invoice may take up to another two months to be provided to the HSH Business Office. Therefore, it took some time before the HSH Business Office noticed the increase in patients being taken to the emergency room.

7. Describe the reason for selection of the provider (including description of practicable competition):

The "Oahu Transportation Guidelines for City & County EMS" dictates that paramedics are required to take the patient to the nearest emergency medical facility. For the HSH, the nearest medical facility is the CMC.

The HSH received approval from the State Procurement Office for a Request for Exemption for CMC, to address future emergent medical services.

8. For approvals requested after-the-fact, explain why it was not practicable to request approval prior to the purchase:

The medical situations could not be anticipated and by the time the HSH Business Office was notified of the 911 calls, the crisis had already occurred.

9. Direct questions to (name & position):

Anthony Fraiola, HSH Business Manager

Phone number:

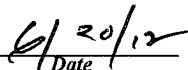
236-8257

e-mail address:

anthony.fraiola@doh.hawaii.gov

I certify that the information provided above is to the best of my knowledge true and correct.

  
Department Head Signature

  
Date

Loretta J. Fuddy, A.C.S.W., M.P.H.

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\_\_\_\_\_  
*Typed Name*

**FOR CHIEF PROCUREMENT OFFICER USE ONLY**

Chief Procurement Officer's Comments:

This approval is for the procurement process only. Service provider(s) are required to be compliant with applicable laws, and verified on the Hawaii Compliance Express. This award is required to be posted on the Awards Reporting System. If there are any questions, please contact Corinne Higa at 587-4706, or [corinne.y.higa@hawaii.gov](mailto:corinne.y.higa@hawaii.gov).

☒ APPROVED    ☐ DISAPPROVED    ☐ NO ACTION

*Adam S. Jager*  
Chief Procurement Officer Signature

*7/2/2012*  
Date

Please ensure adherence to applicable administrative requirements.

**Castle Medical Center Emergent Care List, HSH Patients, 11/25/10 -012/25/11**

11//25-29/10	Patient had acute onset of fever (103.1), confused, unable to converse with body stiffness/rigidity. Dx: urosepsis. Taken via ambulance and admitted to CMC. \$17,720.00
1/9-11/11	Patient suffered un-witnessed fall, dizziness c/o severe pain in right hip. Dx: pneumonia, obtundation, hypothermia. Taken by ambulance and admitted to CMC. \$13,745.00
2/22-25/11	Patient suffered fall from seizure. Significant injuries, heavy bleeding, lacerations of brow region. Taken via ambulance and admitted to CMC. \$7,078.00
4/11-15/11	Seizure-like activity, jerking violently, suffered fall and hit face, deep lacerations and bleeding, non-responsive. Dx: grand mal seizure. Taken via ambulance and admitted to CMC. \$7,078.00
5/8-9/11	Patient suffered from dizziness, irregular heartbeat, poking, non-radiating chest pain, swelling and redness, pain in left elbow. Pt. said he fell. Dx: elbow ok, admitted to CMC for cardiac evaluation. \$7,796.00
7/30-8/1/11	Several bouts of syncope (fainting), loss of consciousness, very low blood pressure. Dx: dehydration and acute renal insufficiency. Taken via ambulance and admitted to CMC. \$8,651.00
11/1-4/11	Decreased oxygen saturation, weak breaths, diminished lung sounds, coughing, Patient is weak and lethargic. Dx: Hypovolemia, left lower pneumonia, possible septic shock secondary to pneumonia. Taken by ambulance and admitted to CMC. \$16,110.00
11/9-11/11	Patient non-responsive appeared to be sleeping at first. Rapid Medical Response – called Dispensary then turned to Code Blue. Pt regained consciousness and placed in position supine in gurney. Confused but able to respond to questions. Pt stated he was experiencing pain. Taken by ambulance to CMC. \$8,994.00
11/14-15/11	Patient reported “fibrillation’s”, sternal pain. QMC called but on divert status. Taken to CMC for evaluation. \$3,582.00
11/16-18/11	Continuing absence seizures, patient sent for observation. Taken and admitted to CMC. \$7,078.00
12-20-24/11	Patient confused, lower than base line B.P. and chest pain. Dx: Febrile (fever), has osteomyelitis of the rt. 3rd toe, requiring amputation. Taken via ambulance and admitted to CMC. \$24,904.00
<b>TOTAL</b>	<b>\$115,658.00</b>